

Fig. 1

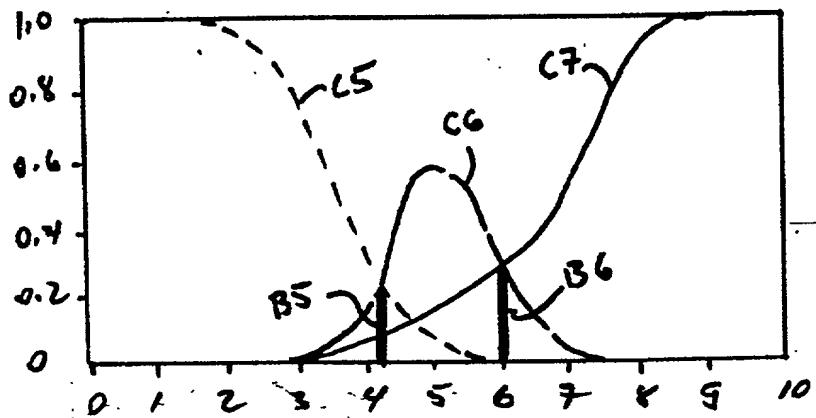


Fig. 2A

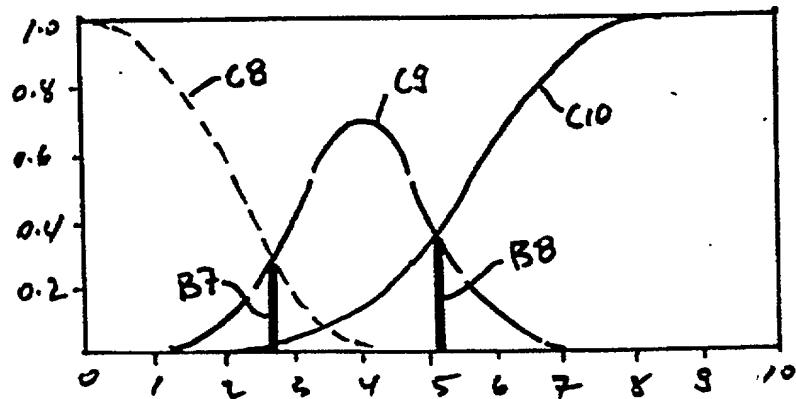


Fig. 2B

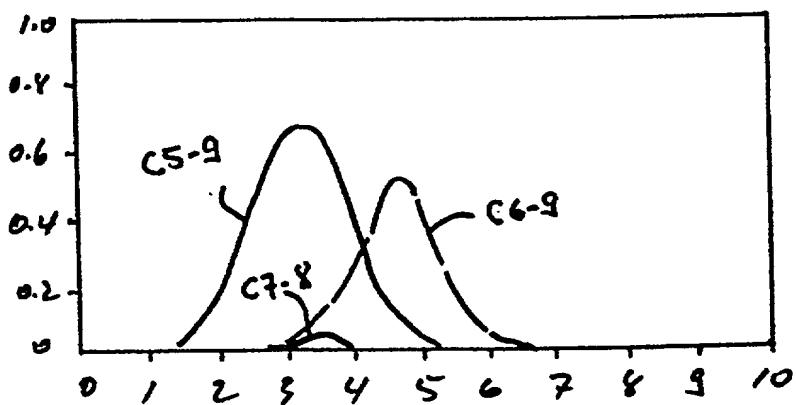


Fig. 2C

Fig. 2

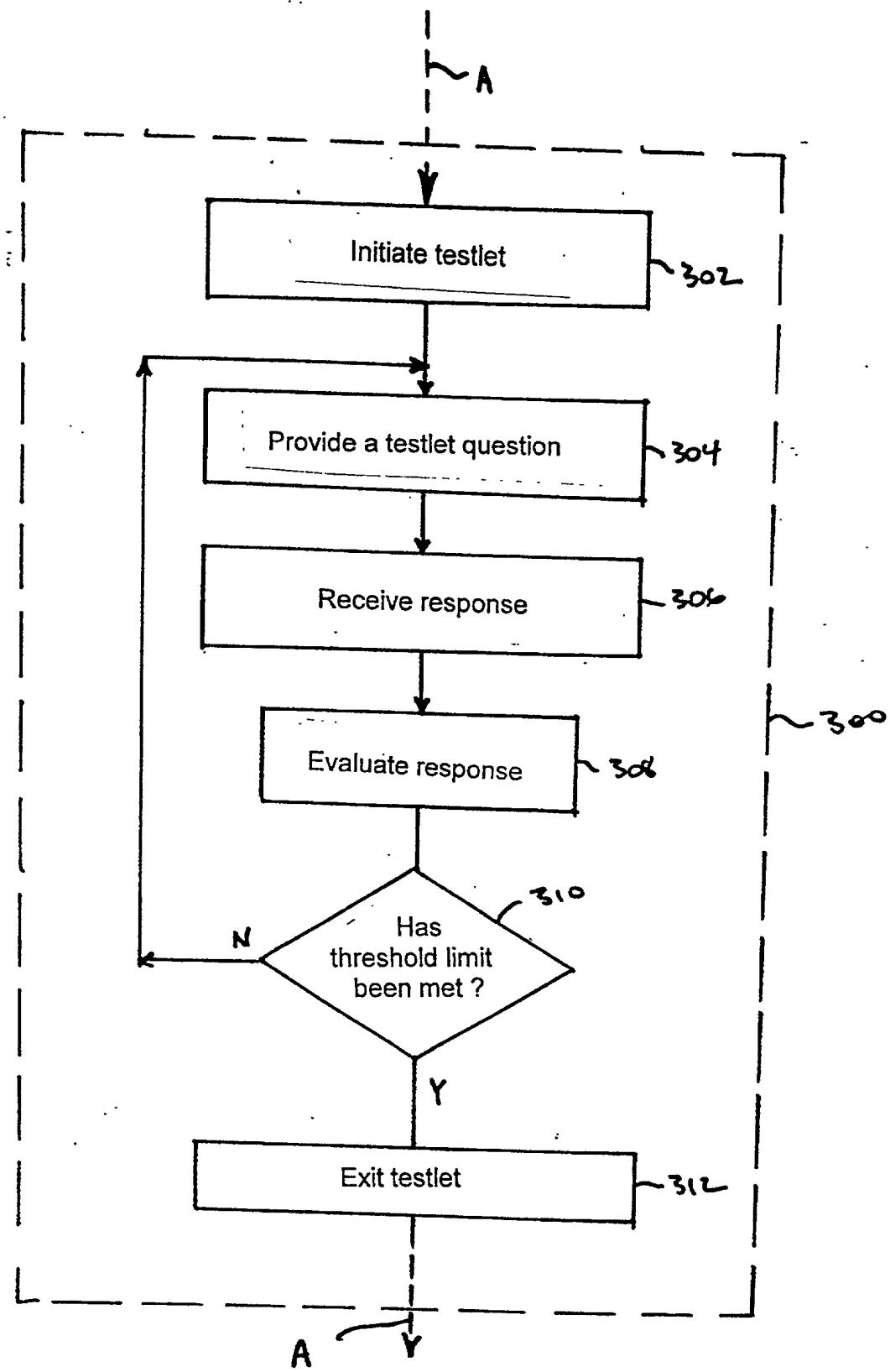


Fig. 3

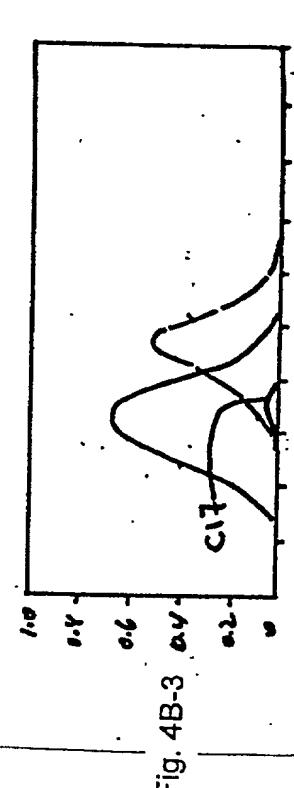
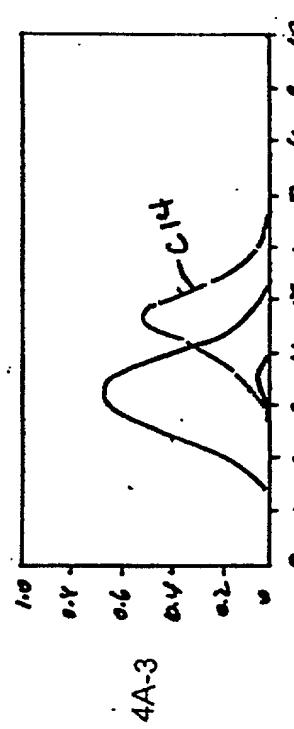
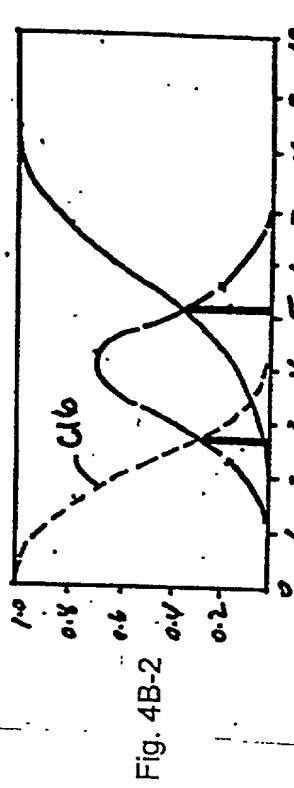
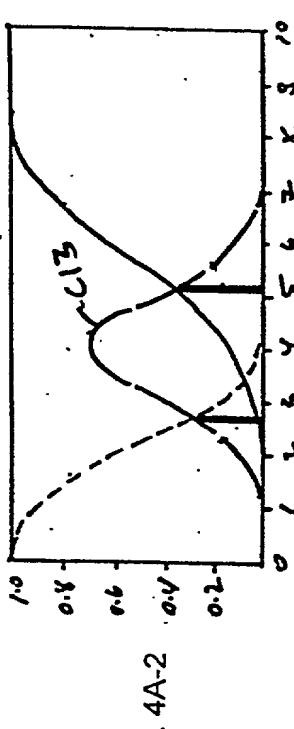
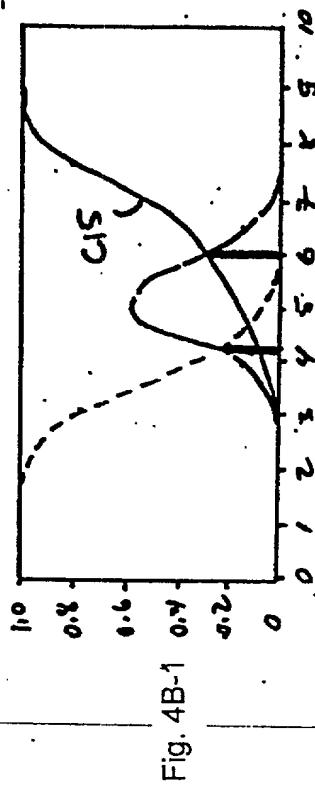
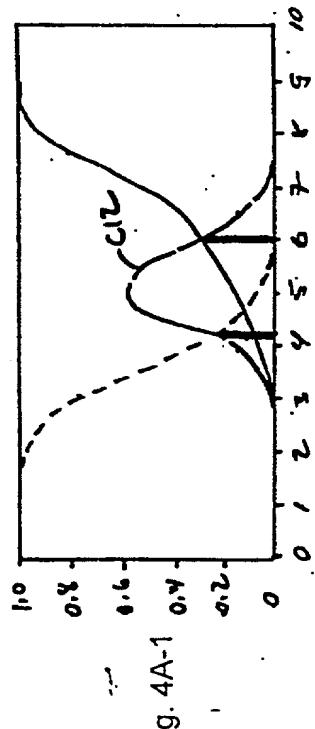


Fig. 4

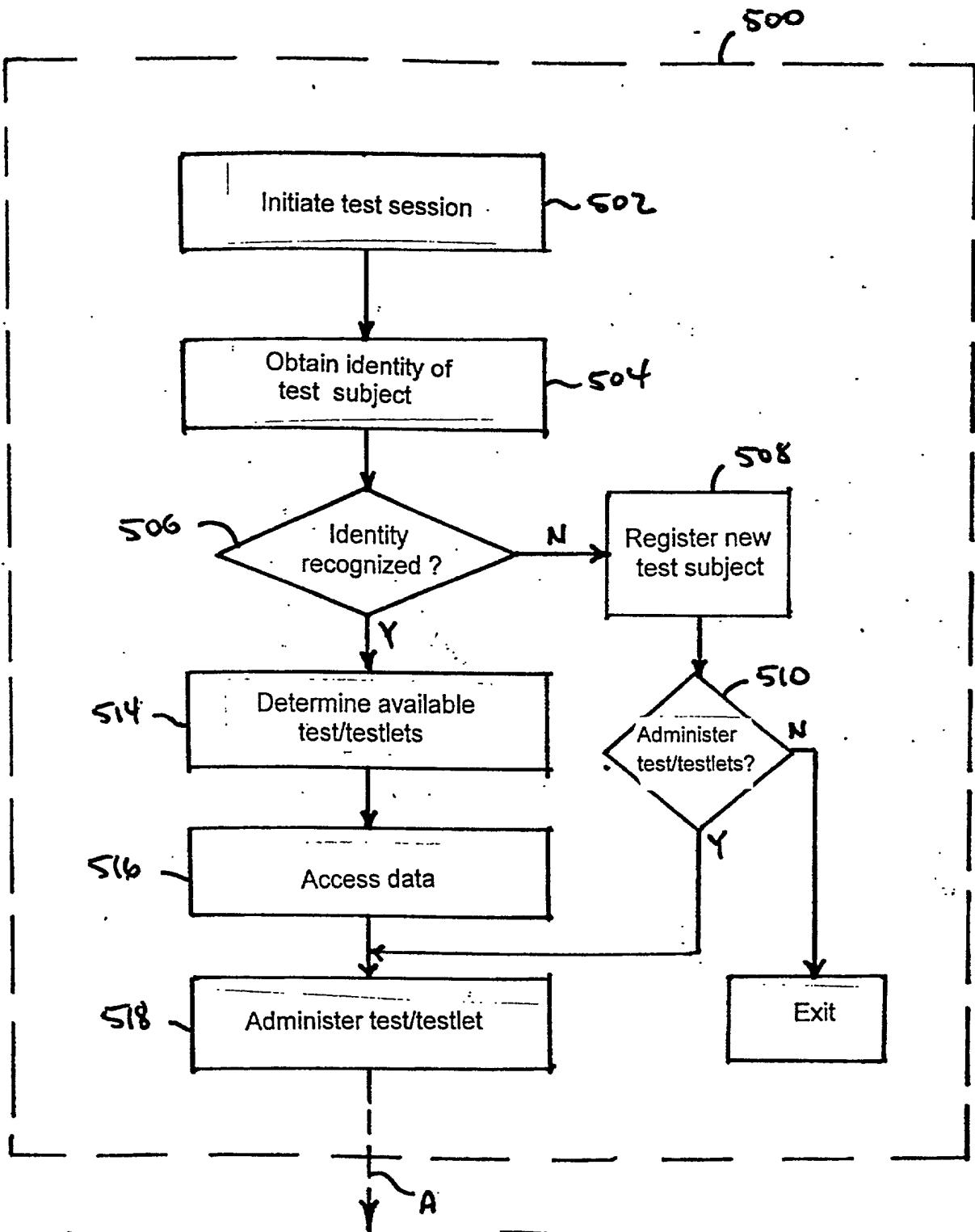


Fig. 5

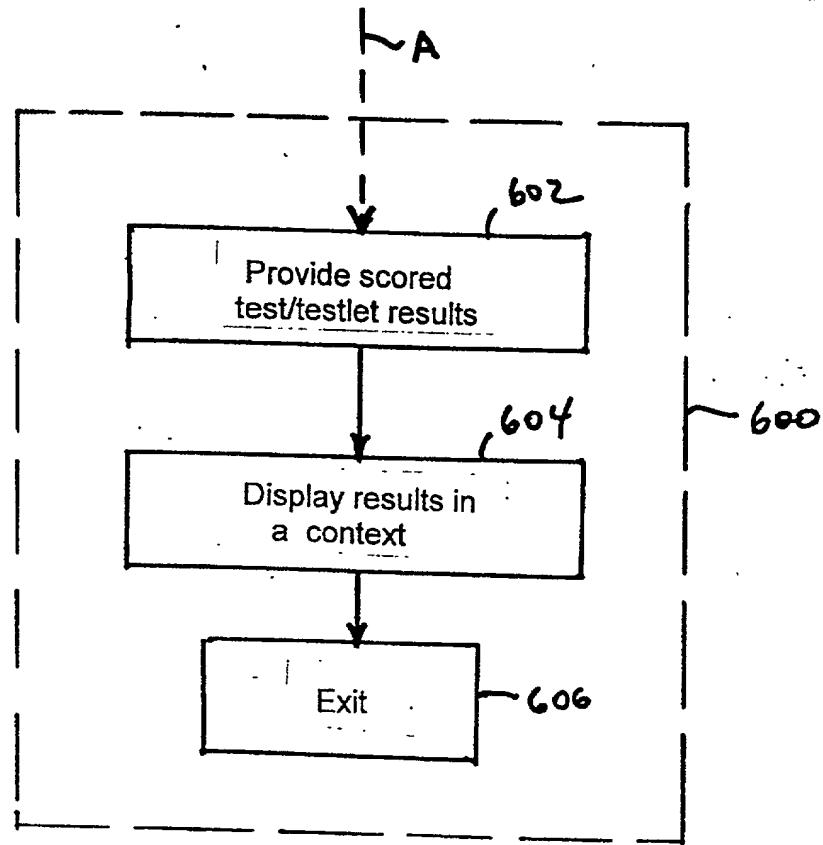


Fig. 6

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Dynamic Health Survey™

This survey asks you questions about how your physical and emotional health affect things you do every day. You are the expert on these aspects of your overall health. Please answer the questions by clicking the answer that best describes how you have been doing during the PAST 4 WEEKS. If you are not sure about a question, please, give the best answer you can.

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Fig. 7-1

https://www.amihealthy.com/DynlIA/stepone.asp# - Microsoft Internet Explorer

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 Dynamic Health Survey™

GENERAL HEALTH

1. Overall, how would you rate your health during the past 4 weeks?

Excellent
 Very good
 Good
 Fair
 Poor
 Very poor

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Printed on 10/20/2003 at 10:45 AM
EASER | FINGER | KNEE | ELBOW | SHOULDER | SPINE | HIP | KNEE | ELBOW | SHOULDER | SPINE |

Fig. 7-2

https://www.amIhealthy.com/DynIA/NextStep.aspx - Microsoft Internet Explorer

amIhealthy.com™

Dynamic Health Survey™

GENERAL HEALTH

2. The following questions are about activities you might do during a typical day. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Not at all
 Very little
 Somewhat
 Quite a lot
 Could not do physical activities

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Fig. 7-3

https://www.amihealthy.com/DynIIA/NextStep.asp# - Microsoft Internet Explorer

amIhealthy.com™



Dynamic Health Survey™

3. During the PAST 4 WEEKS, how much difficulty did you have doing your daily work, both inside and outside the house, because of your physical health

None at all

A little bit

Some

Quite a lot

Could not do daily work



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Fig. 7-4

https://www.amIhealthy.com/DynIA/NextStep.aspx? - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL HEALTH

4. How much BODILY PAIN have you had during the PAST 4 WEEKS?

None
 Very mild
 Mild
 Moderate
 Severe
 Very severe

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AMERICAN MEDICAL SURVEY

Fig. 7-5

https://www.amIhealthy.com/Dyn11A/NextStep.aspx - Microsoft Internet Explorer

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 Dynamic Health Survey™
GENERAL HEALTH

5. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

During the PAST 4 WEEKS, how much energy did you have?

Very much
 Quite a bit
 Some
 A little
 None

Next
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1. Do you feel you have enough energy to do what you want to do? Yes No

2. Do you feel you have enough energy to do what you want to do? Yes No

3. Do you feel you have enough energy to do what you want to do? Yes No

4. Do you feel you have enough energy to do what you want to do? Yes No

5. Do you feel you have enough energy to do what you want to do? Yes No

6. Do you feel you have enough energy to do what you want to do? Yes No

7. Do you feel you have enough energy to do what you want to do? Yes No

8. Do you feel you have enough energy to do what you want to do? Yes No

9. Do you feel you have enough energy to do what you want to do? Yes No

10. Do you feel you have enough energy to do what you want to do? Yes No

Fig. 7-6

https://www.amihealthy.com/DynIA/NextStep.aspx - Microsoft Internet Explorer

amIhealthy.com™

Dynamic Health Survey™

GENERAL HEALTH

6. The next questions ask about your social activities.

During the PAST 4 WEEKS, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all
 Very little
 Somewhat
 Quite a lot
 Could not do social activities

Next
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100. www.amihealthy.com

Fig. 7-7

3 https://www.amIhealthy.com/Dynlta/NextStep.asp# - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL HEALTH

7. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not at all
 Slightly
 Moderately
 Quite a lot
 Extremely

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Continue to the next section

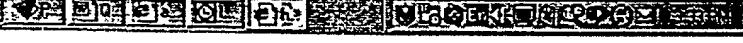
Start  Finish

Fig. 7-8

https://www.amIhealthy.com/Dyn11A/NextStep.aspx - Microsoft Internet Explorer

amIhealthy.com™



Dynamic Health Survey™



8. During the PAST 4 WEEKS, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Not at all
 Very little
 Somewhat
 Quite a lot
 Could not do daily activities



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Fig. 7-9

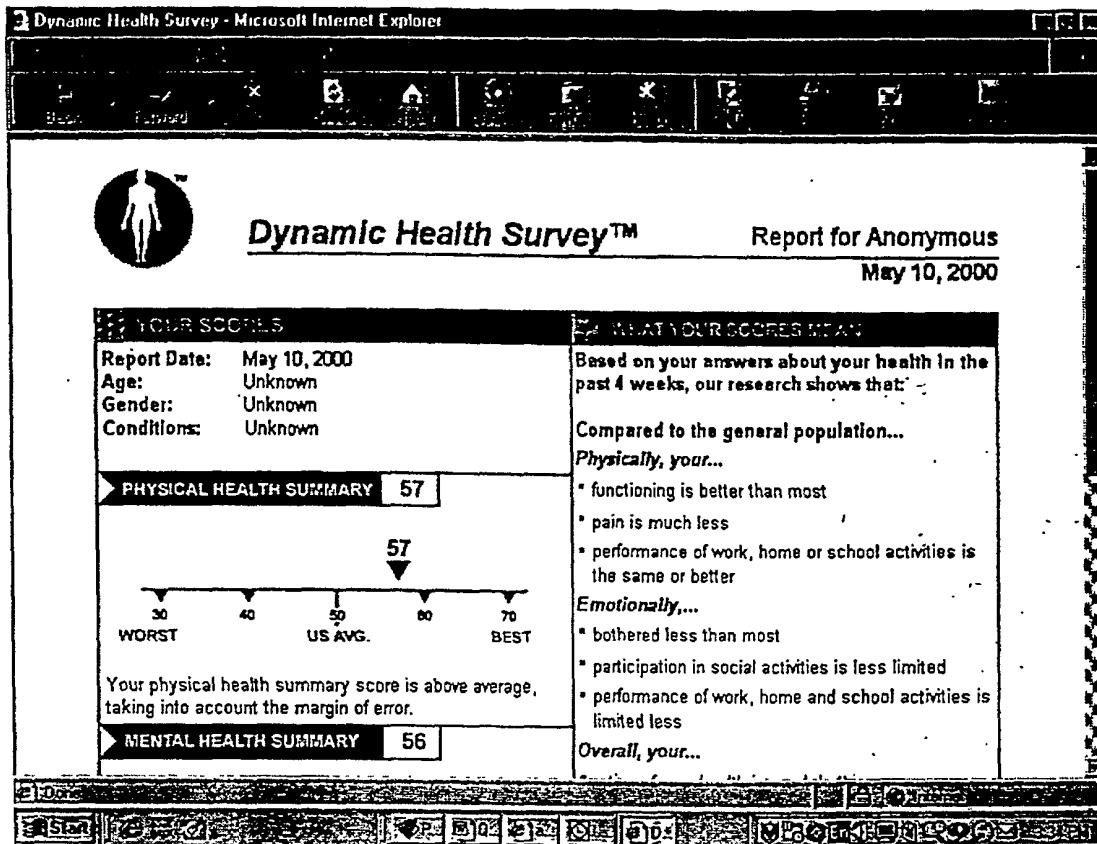


Fig. 7-10

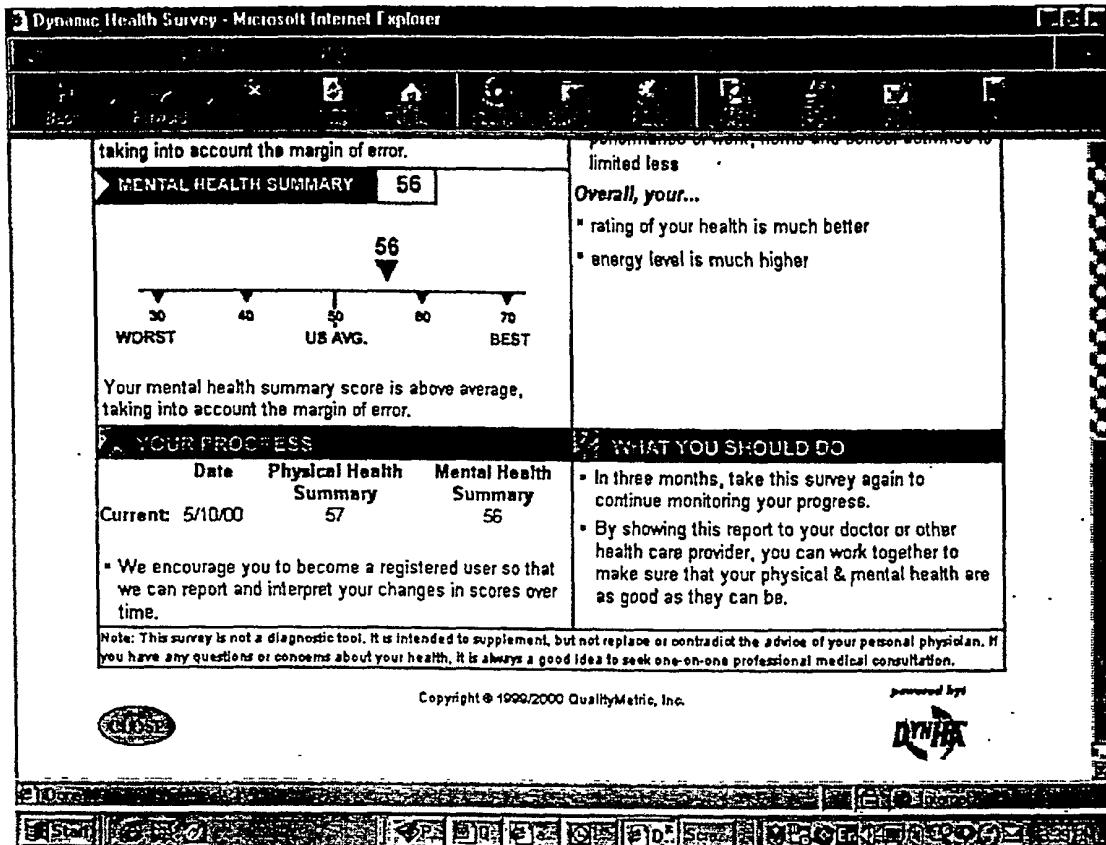
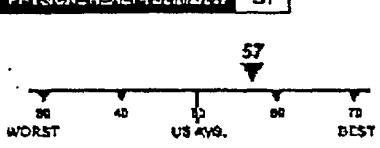
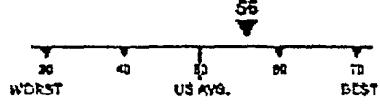


Fig. 7-10



Dynamic Health Survey™

Report for Anonymous

| | |
|--|--|
| 1. YOUR PROFILES Report Date: May 10, 2000 Age: Unknown Gender: Unknown Conditions: Unknown | 2. WHAT'S YOUR SCORE FOR ME? Based on your answers about your health in the past 4 weeks, our research shows that: Compared to the general population... Physically, you... <ul style="list-style-type: none">feel stronger than mostfeel much lessparticipate in work, work or social activities as well as the general population Emotionally, you... <ul style="list-style-type: none">feel less than mostparticipate in social activities as less limitedparticipate in work, work or social activities as limited as Overall, you... <ul style="list-style-type: none">feel as well as most peoplefeel slightly less well than most people |
| 3. PHYSICAL HEALTH SUMMARY 57  <p>Worst US Avg. Best</p> <p>57</p> | 4. MENTAL HEALTH SUMMARY 66  <p>Worst US Avg. Best</p> <p>66</p> |
| 5. YOUR PROGRESS Date Physical Health Summary Mental Health Summary Current: not yet We encourage you to become a registered user at www.dynamic-health.com for our report and internet web change in future time. | 6. WHAT YOU SHOULD DO <ul style="list-style-type: none">in three months take this survey again to continue monitoring your progress.try showing this report to your current or other health care provider. You can work together to make sure that your physical activity level are staying at this level. |
| <small>© 2000 Dynamic Health, Inc. All rights reserved. It is intended to supplement, not replace, the advice of your personal physician. If you have any questions or concerns about your health, it is always a good idea to seek the advice of a physician or medical consultation.</small> | |

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Fig. 7-10

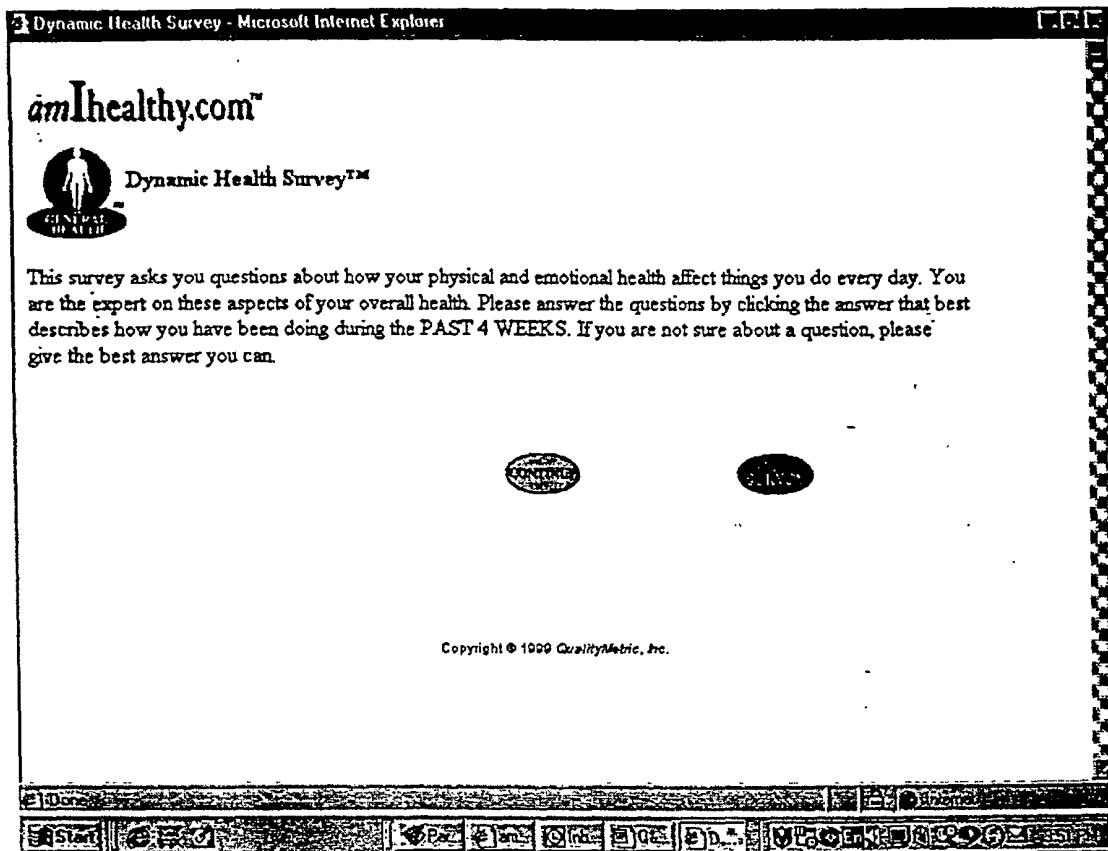


Fig. 8-1

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https://www.amIhealthy.com/DynHIA/stepone.aspx - Microsoft Internet Explorer

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 Dynamic Health Survey™

1. Overall, how would you rate your health during the past 4 weeks?

Excellent

Very good

Good

Fair

Poor

Very poor



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Fig. 8-2

https://www.amihealthy.com/DynIA/NextStep.aspx - Microsoft Internet Explorer

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Dynamic Health Survey™

2. How TRUE or FALSE is the following statement for you? I am in poor health.

Definitely true
 buttonbustly true
 Don't know
 Mostly false
 Definitely false



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Fig. 8-3

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Dynamic Health Survey™

GENERAL HEALTH

3. In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor





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AMERICAN MEDICAL INFORMATION SERVICES

Fig. 8-4

https://www.amIhealthy.com/DynHealth/NextStep.aspx - Microsoft Internet Explorer

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Dynamic Health Survey™

4. How TRUE or FALSE is the following statement for you? I have been feeling sickly for a long time.

Definitely true
 Mostly true
 ~~button~~ don't know
 Mostly false
 Definitely false

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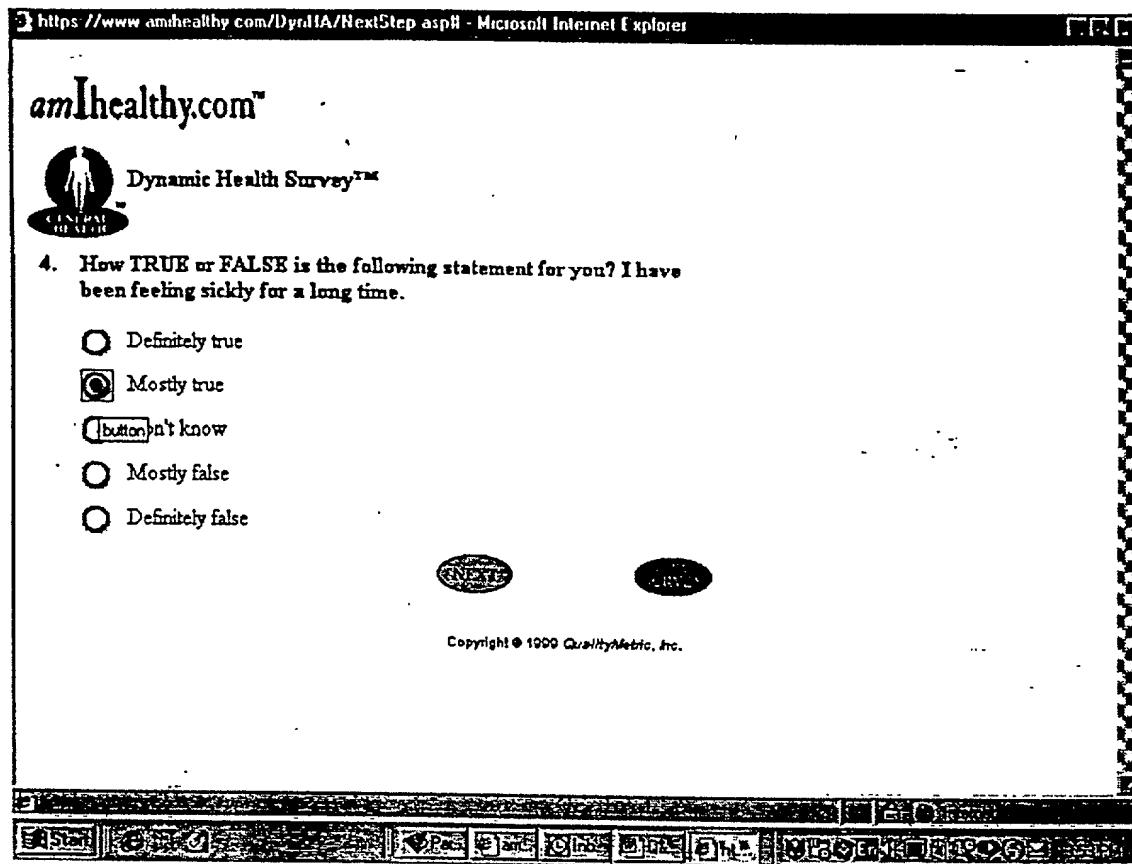


Fig. 8-5

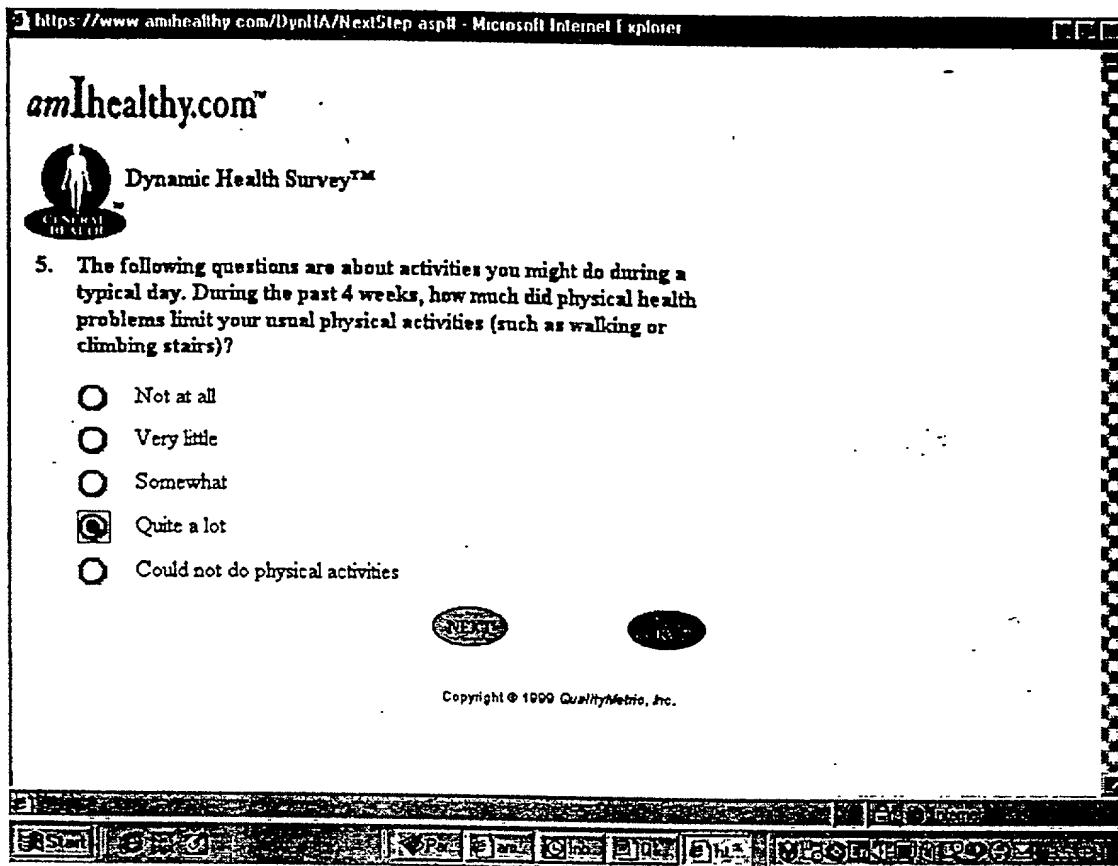


Fig. 8-6

https://www.amIhealthy.com/DynIA/NextStep.aspx - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL HEALTH

6. Does your health now limit you in walking one hundred yards? If so how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

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Next Step

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Feedback

Help

Logout

Feedback

Fig. 8-7.

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Fig. 8-8

https://www.amIhealthy.com/DynIA/NextStep.asp# - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL HEALTH

7. During the PAST 4 WEEKS, how much difficulty did you have doing your daily work, both inside and outside the house, because of your physical health

None at all
 A little bit
 Some
 Quite a lot
 Could not do daily work

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Next Step

Fig. 8-9

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Fig. 8-10

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Dynamic Health Survey™

GENERAL
HEALTH

9. During the PAST 4 WEEKS, how much of the time have you had
DIFFICULTY performing work or other activities AS A RESULT
OF YOUR PHYSICAL HEALTH (for example, it took extra effort)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time



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Fig. 8-11

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GENERAL HEALTH

10. How much BODILY PAIN have you had during the PAST 4 WEEKS?

None
 Very mild
 Mild
 Moderate
 Severe
 Very severe

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Fig. 8-12

https://www.amihealthy.com/Dyn1IA/NextStep.asp# - Microsoft Internet Explorer

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Dynamic Health Survey™

11. During the PAST 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all

A little bit

Moderately

Quite a bit

Extremely





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Fig. 8-13

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GENERAL HEALTH

12. During the PAST 4 WEEKS, how much did pain interfere with your recreational activities?

Not at all

A little bit

Moderately

Quite a bit

Extremely

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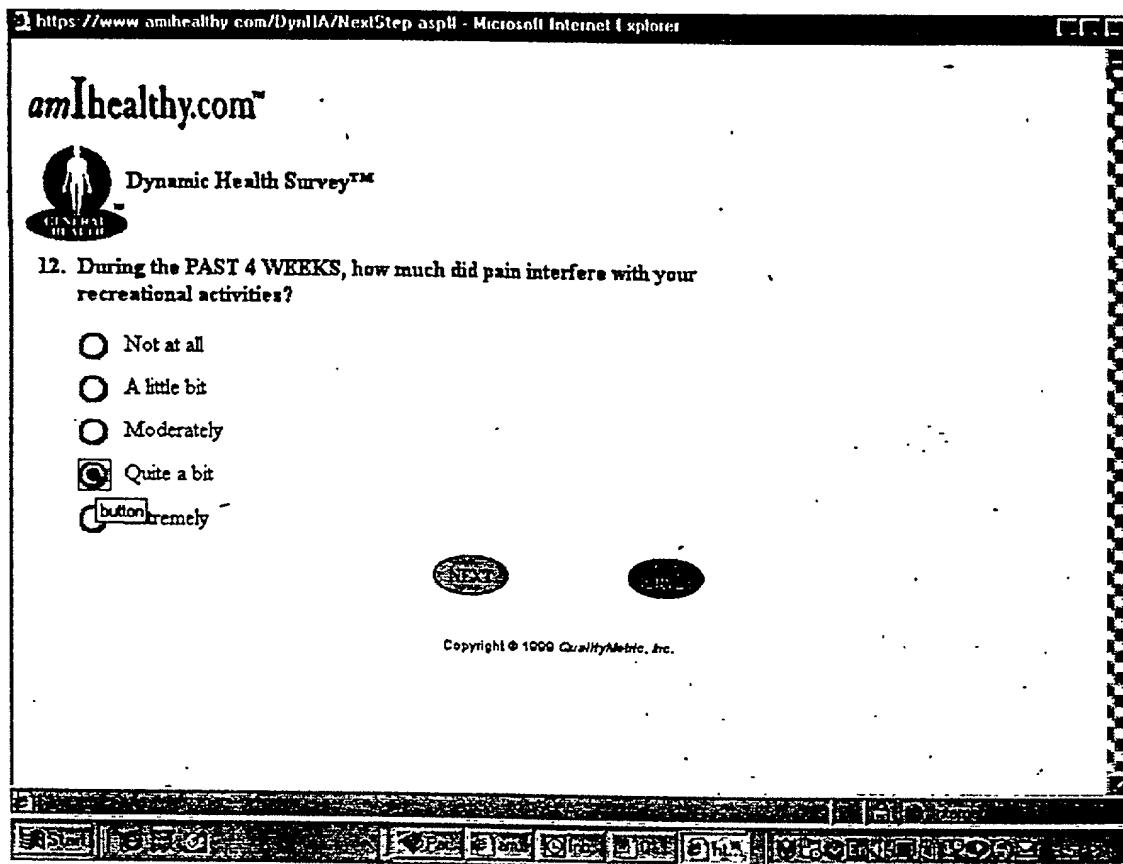


Fig. 8-14

https://www.amIhealthy.com/Dyn11A/NextStep.asp# Microsoft Internet Explorer

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 Dynamic Health Survey™

13. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

During the PAST 4 WEEKS, how much energy did you have?

Very much
 Quite a bit
 Some
 A little
 None

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Fig. 8-15

3 https://www.amIhealthy.com/DynlIA/NextStep.asp# - Microsoft Internet Explorer

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Dynamic Health Survey™

14. How much of the time DURING THE PAST 4 WEEKS did you feel tired?

All of the time

Most of the time

Some of the time

A little of the time

None of the time





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Fig. 8-16

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Dynamic Health Survey™

GENERAL HEALTH

15. How much of the time DURING THE PAST 4 WEEKS did you feel worn out?

All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

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Fig. 8-17.

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Dynamic Health Survey™

GENERAL HEALTH

16. How much of the time DURING THE PAST 4 WEEKS did you have a lot of energy?

All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

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Fig. 8-18

https://www.amIhealthy.com/DynHIA/NextStep.aspx - Microsoft Internet Explorer

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Dynamic Health Survey™

17. How much of the time DURING THE PAST 4 WEEKS did you feel full of life?

All of the time

Most of the time

Some of the time

A little of the time

None of the time





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Fig. 8-19

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GENERAL HEALTH

18. The next questions ask about your social activities.

During the PAST 4 WEEKS, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all
 Very little
 Somewhat
 Quite a lot
 Could not do social activities

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Fig. 8-20

https://www.amihealthy.com/DynIIA/NextStep.aspx - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL HEALTH

19. During the PAST 4 WEEKS, how much of the TIME has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

NEXT **PREVIOUS**

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SEARCH | HELP | HOME | INDEX | HELP INDEX | HELP SEARCH | HELP INDEX | HELP SEARCH

Fig. 8-21

https://www.amihealthy.com/DynItA/NextStep.aspx - Microsoft Internet Explorer

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 Dynamic Health Survey™

20. During the PAST 4 WEEKS, to what EXTENT has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all

Slightly

Moderately

Quite a bit

Extremely



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Fig. 8-22

https://www.amihealthy.com/Dyn1IA/NextStep.asp# - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL SURVEY

21. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not at all
 Slightly
 Moderately
 Quite a lot
 Extremely

[NEXT](#) [PREV](#)

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Fig. 8-23

https://www.amIhealthy.com/DynlIA/NextStep.aspx - Microsoft Internet Explorer

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 Dynamic Health Survey™

22. During the past month, how depressed (at its worst) have you felt?

Extremely depressed

Very depressed

Quite depressed

Somewhat depressed

A little depressed

Not depressed at all



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Fig. 8-24

https://www.amIhealthy.com/DynHIA/NextStep.asp# - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL HEALTH

23. During the past month, how much of the time have you been in low or very low spirits?

All of the time
 Most of the time
 A good bit of the time
 Some of the time
 A little of the time
 None of the time

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Fig. 8-25

https://www.amIhealthy.com/DynIA/NextStep.aspx - Microsoft Internet Explorer

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Dynamic Health Survey™

GENERAL HEALTH

24. During the PAST 4 WEEKS, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Not at all
 Very little
 Somewhat
 Quite a lot
 Could not do daily activities

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Fig. 8-26

https://www.amIhealthy.com/Dyn1IA/NextStep.aspx - Microsoft Internet Explorer

amIhealthy.com™

 Dynamic Health Survey™

GENERAL
HEALTH

25. During the PAST 4 WEEKS, how much of the time have you cut down on the AMOUNT OF TIME you spent on work or other activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

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Next Back Stop Home Help

Fig. 8-27

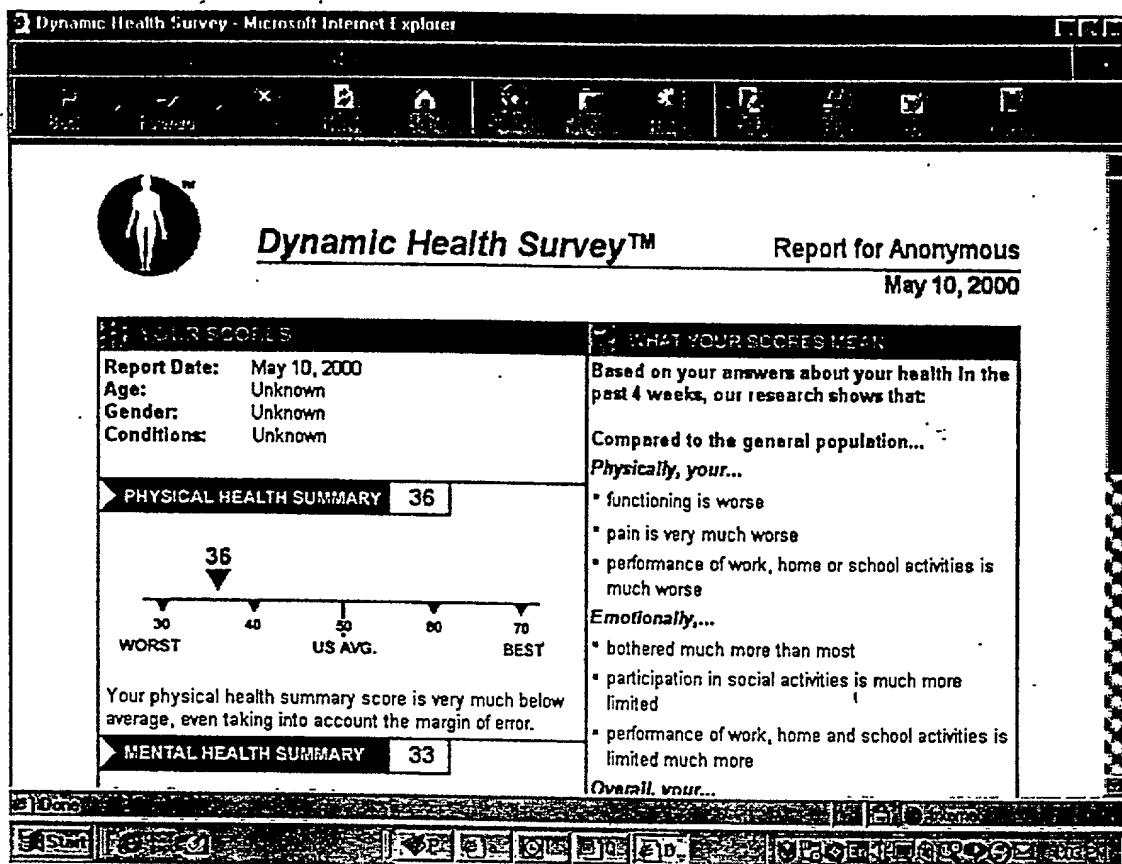


Fig. 8-28

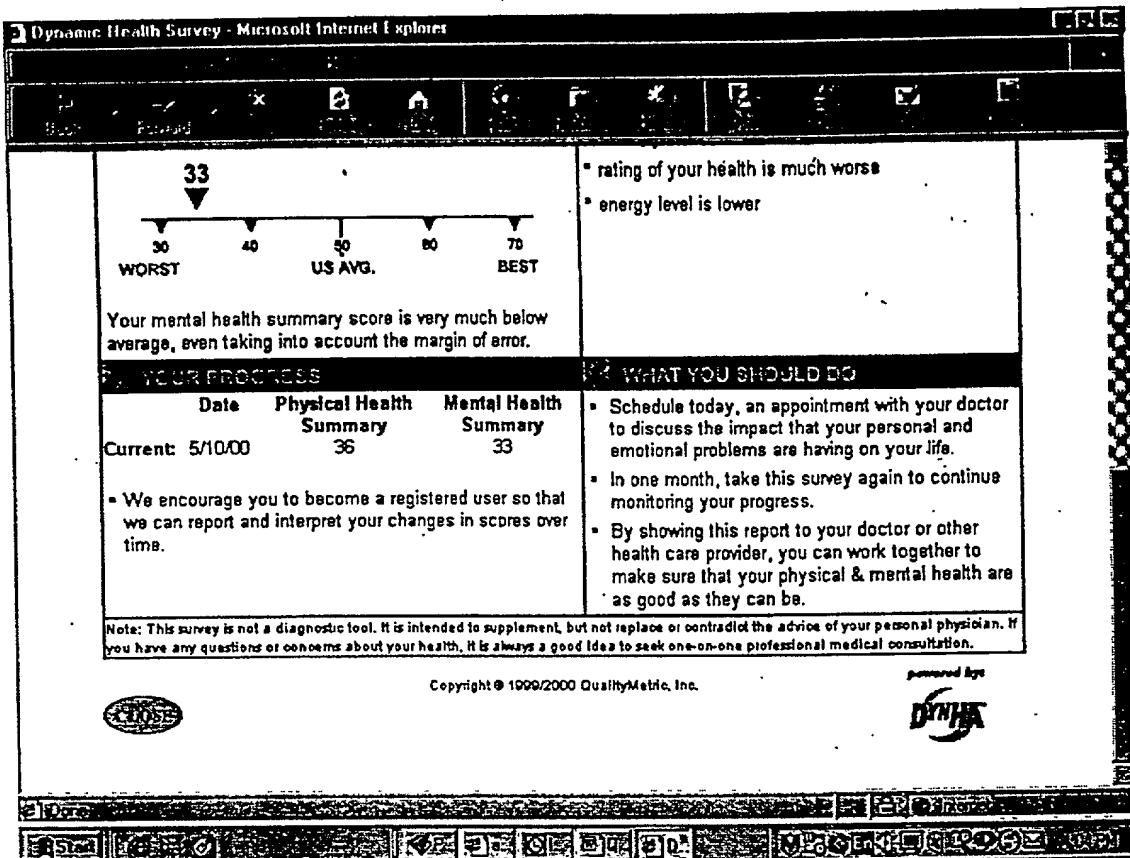


Fig. 8-28



Dynamic Health Survey™

Report for Anonymous

| YOUR SCORES | | WHAT YOUR SCORES MEAN | | | | | | |
|---|-------------------------|---|-------------------------|-----------------------|------------------|----|----|---|
| Report Date: May 11, 2011 Age: Unknown Gender: Unknown Condition: Unknown | | <p>Based on your answers about your health in the past 4 weeks, our research shows that:</p> <p>Compared to the general population...</p> <p>Physically, you...</p> <ul style="list-style-type: none">• functioning is worse• pain is very much worse• performance of work home or school activities is much worse <p>Emotionally...</p> <ul style="list-style-type: none">• bothered much more than most• participation in social activities is much more limited• performance of work home or school activities is much worse <p>• rating of your health is in the worse</p> <p>• energy level is lower</p> | | | | | | |
| PHYSICAL HEALTH SUMMARY 36 | | | | | | | | |
| MENTAL HEALTH SUMMARY 33 | | | | | | | | |
| YOUR PROGRESS | | WHAT YOU SHOULD DO | | | | | | |
| <table><thead><tr><th>Date</th><th>Physical Health Summary</th><th>Mental Health Summary</th></tr></thead><tbody><tr><td>Current: 5/10/00</td><td>36</td><td>33</td></tr></tbody></table> | | Date | Physical Health Summary | Mental Health Summary | Current: 5/10/00 | 36 | 33 | <ul style="list-style-type: none">• Set up an appointment with your doctor to discuss the impact that your physical and emotional problems are having on your life.• In one month, take this survey again to continue monitoring your progress.• By showing this report to your doctor or other health care provider, you can work together to make sure that your physical & mental health are as good as they can be. |
| Date | Physical Health Summary | Mental Health Summary | | | | | | |
| Current: 5/10/00 | 36 | 33 | | | | | | |

Fig. 8-28